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NAME OF PROVIDER OR SUPPLIER ALWAYS BETTER CARE SUMMARY STATEMENT OF DEFICIENCIES 1	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL	JLTIPLE CONSTRUCTION DING	` '	(X3) DATE SURVEY COMPLETED		
MALE OF PROVIDER OR SUPPLIER ALWAYS BETTER CARE MALE LAS YEGAS, N. W 8917			297036	B. WIN	3	_ 10	10/08/2010		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) This Statement of Deficiencies was generated as a result of the Medicare recertification survey conducted at your agency from 10/5/10 through 10/8/10, in accordance with 42 CFR Part 484 - Home Health Services. The active census on the first day of the survey was 97. Fifteen clinical records were reviewed including four closed records. The sample included records from both the parent agency and branch office. Five home visits were conducted. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified: G 141 484.14(e) PERSONNEL POLICIES G 141 Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that are kept current. This STANDARD is not met as evidenced by: Based on interview, record review, and document review, the agency failed to consistently implement its personnel policies in regards to				•	6950 VIA OLIVERO STE B4	•			
This Statement of Deficiencies was generated as a result of the Medicare recertification survey conducted at your agency from 10/5/10 through 10/6/10, in accordance with 42 CFR Part 484 - Home Health Services. The active census on the first day of the survey was 97. Fifteen clinical records were reviewed including four closed records. The sample included records from both the parent agency and branch office. Five home visits were conducted. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified: G 141 484.14(e) PERSONNEL POLICIES G 141 Personnel practices and patient care are supported by appropriate, written personnel policies. Personnel records include qualifications and licensure that are kept current. This STANDARD is not met as evidenced by: Based on interview, record review, and document review, the agency failed to consistently implement its personnel policies in regards to	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECT CROSS-REFERENC	TIVE ACTION SHOULD BE CED TO THE APPROPRIATE	COMPLETION		
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Findings include:	G 141	prohibiting any criminactions or other claima available to any particular state, or local laws. The following regular identified: 484.14(e) PERSON Personnel practices supported by appropolicies. Personnel records in licensure that are keep to be a seed on interview, review, the agency from the person employee orientation.	inal or civil investigations, ms for relief that may be by under applicable federal, atory deficiencies were NEL POLICIES and patient care are priate, written personnel and ept current. In not met as evidenced by: record review, and document failed to consistently innel policies in regards to	G	141		11/18/10		
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	ARORATORY	DIRECTOR'S OR PROVIDE	R/SLIPPLIER REPRESENTATIVE'S SIGNATURE		 		(X6) DATE		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		PLE CONSTRUCTION G	(X3) DATE SUF	
		297036	B. WIN	G		10/0	8/2010
	ROVIDER OR SUPPLIER BETTER CARE			6	REET ADDRESS, CITY, STATE, ZIP CODE 950 VIA OLIVERO STE B4 .AS VEGAS, NV 89117		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
G 141	Continued From page	e 1	G	141			
	During review of pers following were noted:	onnel files on 10/7/10, the					
	was no documentatio employee with a gene	of hire was 8/31/10. There on the agency provided the eral orientation to the agency bloyee #7's skills prior to not care.					
		ernoon, Employee #9 stated, ne orientation to the agency, ne to document it."					
	with a revised date of Administrator/Director designee will ensure a employment have bee staff member for orien will receive general of hireA general Orien	entation Policy No: 300.04" 02/21/08, read, "1. r of Operations (DOO) or all prerequisites for en met prior to scheduling ntation. 2. New employees rientation within 30 days of ntation checklist must be employee file to show proof					
	Nurse Skills and Com of 08/10/06, read, "1. determined through a skills demonstration(s examination(s). 2. Th shall be used for licer routine Employee Ori hire, the licensed nurs "Competency Checkli shall not accept any prequires a Specialized	combination of licensure, i), and written e "Competency Checklist" used staff in conjunction with entation Program. 3. Upon					

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		297036	B. WIN	G		10/0	8/2010
	ROVIDER OR SUPPLIER BETTER CARE			695	ET ADDRESS, CITY, STATE, ZIP CODE 50 VIA OLIVERO STE B4 IS VEGAS, NV 89117		
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G 141	and competency eval nurse to a patient that skills. c. Training and documented by writte of the skill and placed	e for appropriate training uations prior to assigning a t requires "Specialized"		141			11/18/10
0.00	MED SUPER Patients are accepted of a reasonable experimedical, nursing, and	I for treatment on the basis ctation that the patient's social needs can be met ency in the patient's place of					
	Based on interview, re review, the agency fa	not met as evidenced by: ecord review and document iled to ensure a timely start vas competed for 1 of 15 tient #15).					
	The agency's policy ti Start of Care Assessr with a revised date of (Registered Nurse)/ F (Speech Therapist) or contact every patient arrange for assessme	itled "Clinical Care-Patient ment Policy No.: 200.30" 01/10/08, read, "An RN PT (Physical Therapist)/ST r designee will attempt to the same day of referral to ent visit date and time. The initial assessment within					
	I .	red to the agency on tion in the patient's record e the initial assessment visit					

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G 157	no documentation in requested a later visit on 10/8/10 at 1:05 P Patient #15's record a reason documented a assessment visit was hours of the referral. to ask the nurse." On 10/8/10 at 1:15 P thought the referral cannot be a perfected in the property of the initial assessment visit was told by the agend did not have to be op During the interview, only the physician or of the initial assessment was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review of the initial assessment visit was a written and periodically review	after the referral. There was the record Patient #15 to date. M, Employee #9 reviewed and indicated there was no as to why an initial not made within 24-48 Employee #9 stated, "I have M, Employee #6 related she ame in late on a Friday and cy's intake person, the case en over the weekend. Employee #9 acknowledged patient could request a delay ent visit. E OF PATIENTS, POC, I plan of care established wed by a doctor of medicine,	G.				11/18/10

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G 158	physician ordered sk completed twice per once per week for on. A review of Patient # conducted on 10/06/0ASIS was completed. The next entry docum. "Physician's Order" of document stated, "S (patient) on 08/30/10 09/23/10 because the ankle and HHA (Homunable to get in contaperiod due to multiple calls" The docume. The order was not significantly the physician could be found. Employee #9 was int. PM and indicated she Missed Visit reports it record. Employee #9 nurse reportedly combut still had the report Missed Visit reports of physician had not be not been seen as order. Patient #3 Patient #3 was admittincluding chronic kidnown pressure ulcer to the in the record indicate.	pon admission, Patient #14's illed nursing visits to be week for two weeks and le week. 14's clinical record 10, indicated a Start of Care ed by the nurse on 08/30/10. In the left of th	G 1	158		

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		297036	B. WING	G		10/08/2010		
	NAME OF PROVIDER OR SUPPLIER ALWAYS BETTER CARE		·	698	ET ADDRESS, CITY, STATE, ZIP CODE 50 VIA OLIVERO STE B4 AS VEGAS, NV 89117			
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G 158	11/6/10, the physiciar one time a week for common time as week for eight weeks nurse was to assess system on each visit the five nursing visits 9/24/10. revealed the not document a blood the visits. On 10/7/10 at 2:10 Plus the patient's wife performent #3. The employance asked the patient's without did not document. 2. For the same certic ordered the services (HHA) three times and were no HHA notes in the agency were not related the physician and the physician and the physician and the physician's on have been discontinual. 3. On 9/8/10, the phymattress" for Patient is the patient's current produced the physician and the physician's on have been discontinual.	In period of 9/8/10 through or ordered nursing services one week and two times a come of the duties of the the patient's endocrine for five visits. A review of made from 9/6/10 through Registered Nurse (RN) did I sugar (BS) result for four of the BS monitoring for one of the BS monitoring for one of the Home Health Aide week for nine weeks. There in Patient #3's record. Tring, Employee #9 eceived help with personal duty that the period in the Home Health Aide week for nine weeks. There in Patient #3's record. Tring, Employee #9 eceived help with personal duty that the personal duty that t	G.	158				

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	ROVIDER OR SUPPLIER		'	69	EET ADDRESS, CITY, STATE, ZIP CODE 050 VIA OLIVERO STE B4 AS VEGAS, NV 89117	,	
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G 158	speciality mattress or look to be other than adjustable bed. Wher a speciality mattress, looks like just a regular on 10/7/10 at 2:10 Pl she had looked at Pa after the visit on 10/6, "It's just a regular mare Patient #10 Patient #10 was adm diagnoses including a knee amputation, dial vascular disease. Fo 9/10/10 through 11/8, nursing services one and two times a week the duties of the nursing sastrointestinal syste A review of the nursing for Patient #10 reveal 9/13/10-bowel sounds documentation did no sounds were present 9/21/10-the nurse circlimits) as the GI asset. Neither of the notes in recent bowel movements.	rerlay, nor did the mattress a regular mattress for an a sked if the mattress was Employee #6 stated, "It ar mattress to me." M, Employee #6 reported tient #3's mattress closely (10. The employee stated, ttress." Atted on 9/10/10, with after care from a below the poetes, and peripheral are the certification period of (10, the physician ordered time a week for one week at for three weeks. One of e was to asses the patient's m (GI). And gnotes for GI assessment ed the following: By were circled, but the at indicate if the bowel or absent. Cled WNL (within normal sesment. Cled WNL (within normal sesment. Andicated if the patient had ents. On 9/21/10, the N) discontinued further	G	158			

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G 158	On 9/25/10 at 9:45 IP Patient #10. The RI needed) visit as pt (to express bowel may performed. Lg (large able to remove only Unable to reach resthe nurse document further instructed the if abdominal pain reunable to have anotomore and the if abdominal pain reunable to have anotomore in the next nursing vispractical nurse document and emergency room "sudden onset of abdiarrhea." The nursing staff whassess at each visit regular normal bower in the patient #15 1. Patient #15 was diagnoses including disease, diabetes, a certification period of the physician ordered a week for two week one week. One of the sesses the patient's visit. A review of the initial evaluation visit Nurse (RN) did not oresult at any of the visual same certain the same cert	PM, an RN made a visit to N documented, "PRN (as patient) states she is unable ovement. Rectal exam e) amt (amount) stool noted, sm amt (small amount) stool. It of it." Under GI assessment ed "Impacted." The RN e patient to go to urgent care turned or the patient was her bowel movement. It was on 9/27/10. A licensed mented the patient required visit over the weekend due to dominal pain and explosive To visited Patient #10 failed to whether the patient had el movements. Admitted on 9/20/10, with chronic ischemic heart and hypertension. For the fi 9/20/10 through 11/20/10, and nursing services two times as and one time a week for the duties of the nurse was to endocrine system on each nursing visits made after the trevealed the Registered document a blood sugar (BS)	G	58		

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G 158	evidence in Patient # visit by the MSW. On 10/8/10 at 1:05 Pl identified as responsi was unaware the MS patient. Employee #6 referral to another dis fax the information to There was no docum was made to the MSV. 3. During the entrance Employee #3 indicates Speech Therapist (ST for the service. On the initial referral to Occupational Therapi patient. There was more cord of an OT evaluation. The entrance of the interview was made to the MSV. On 10/8/10 at 1:05 Pl know we don't have a make the referral." Eduring the interview. have an OT. We do in 484.18(c) CONFORM ORDERS Drugs and treatments agency staff only as of the service and the interview and the interview and the interview and interv	There was no documented 15's record of an evaluation M, Employee #6 (who was ble for Patient #15's care) W had not evaluated the 5 stated when she had a scipline she would call and the discipline ordered. ented evidence a referral W. e conference on 10/5/10, and the agency did not have a F), but was actively recruiting the physician ordered the ist (OT) to evaluate the o documentation in the justion. M, Employee #6 stated, "I am OT right now so I couldn't imployee #9 was present Employee #9 stated, "We not have an ST." MANCE WITH PHYSICIAN		158			11/18/10

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G 165	Continued From page	9	G	165			
	Findings include:						
	Patient #4						
	maintenance and dial period of 9/13/10 thro	ted to the agency on es including Foley catheter poetes. For the certification ugh 11/11/10, the physician ces one time a month for					
	9/24/10 and 9/26/10.	N) visited the patient on There was no documented nt's record of a physician					
	Patient #5						
	beginning 8/26/10, the services one time a w times a week for one						
		5's record revealed an RN 9/22/10 without a physician's					
G 166	Patient #5's record ar for that visit."	M, Employee #9 reviewed and stated, "There is no order	G	166			11/18/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MI A. BUIL		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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	OVIDER OR SUPPLIER		.	69	EET ADDRESS, CITY, STATE, ZIP CODE 950 VIA OLIVERO STE B4 AS VEGAS, NV 89117	10/0	<i>5</i> ,2010	
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G 166	Verbal orders are put dated with the date of nurse or qualified the	in writing and signed and freceipt by the registered rapist (as defined in section responsible for furnishing or	G	166				
	Based on record revie	not met as evidenced by: ew, the agency failed to ers were signed within 20 15 sampled patients						
	Findings include: The agency's policy to Log/Tracking Physicia 900.23/2" read,"Co	an Orders Policy No.:						
	documents requiring returned to office and within 30 working day Regulation." (The New 449.800 stipulated all	Physician signature will be placed in patient charts is; earlier if required by State wada Administrative Code medical orders must be an within 20 working days of						
	Patient #4							
		Patient #4 was 3/17/10. Foley catheter maintenance						
	the certification period	ontained a plan of care for d of 3/17/10-5/15/10. The n the plan of care until						
	Patient #4's record co	ontained a plan of care for						

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G 166	The physician failed to 8/19/10. Patient #6 The start of care for F Diagnoses included us and diabetes. Patient #6's record countries the certification period.	d of 7/15/10 through 9/12/10. to sign the plan of care until Patient #6 was 5/29/10. Trinary catheter maintenance ontained a plan of care for d of 7/23/10-9/20/10. The n the plan of care until	G 166			11/18/10
	accordance with the part of th	not met as evidenced by: ew and interview, the agency ng services were provided in blan of care for 6 of 15 tients #14, #3, #10, #15, #4, Itted to the agency on ses that included chronic abetes, hypertension, and atient #14's plan of care ng visits were to be week for two weeks and				

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G 170	OASIS was complete The next entry docum "Physician's Order" of document stated, "SI (patient) on 08/30/10 09/23/10 because the ankle and HHA (Homunable to get in contaperiod due to multiple calls". The document he order was not significated was no indicated seen by the physician could be found. On 10/08/10 at 1:50 F was unable to find an Patient #14's clinical indicated the admissional had the Missed Visit report the physician had not #14 had not been seen Patient #3 Patient #3	14's clinical record 0, indicated a Start of Care d by the nurse on 08/30/10. nented by the nurse was a lated 09/23/10. The N (skilled nurse) admitted Pt and was not seen again until Pt fx (fractured) (right) He Health Agency) was let (with) Pt during time MD visits and no returned lent was signed by the nurse. Indented by the physician, and on the document had been In. No "Missed Visit" reports PM, Employee #9 stated she by Missed Visit reports in record. Employee #9 also on nurse revealed she still reports in her possession. In orts were not in the chart and been notified that Patient	G	170			

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	ROVIDER OR SUPPLIER		.	6	REET ADDRESS, CITY, STATE, ZIP CODE 950 VIA OLIVERO STE B4 .AS VEGAS, NV 89117	10/0	<u></u>
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
G 170	nurse was to assess system on each visit the five nursing visits 9/24/10. revealed the not document a blood the visits. On 10/7/10 at 2:10 Pthe patient's wife perfection and the patient's wivere, but did not document a blood the visits. On 10/7/10 at 2:10 Pthe patient's wife perfection and the patient's wivere, but did not document as were no HHA notes in the agency were not related the physician and the physician and the physician and the physician's on have been discontinual. On 9/8/10, the phymattress' for Patient the patient's current provided the physician and the physician's on have been discontinual. During a home visit to Employee #6, Patient speciality mattress on look to be other than adjustable bed. When	the patient's endocrine for five visits. A review of made from 9/6/10 through Registered Nurse (RN) did d sugar (BS) result for four of M, Employee #6 indicated formed the BS monitoring for oyee related she usually ife how the patient's BS ument any results. Ification period, the physician of the Home Health Aide week for nine weeks. There in Patient #3's record. Indiant so HHA services from needed. Employee #9 should have been notified rider for HHA services should ied. It is is a second of the period of the p	G	170			

F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	297036				10/08/2010	
OVIDER OR SUPPLIER			695	0 VIA OLIVERO STE B4	1070	0/2010
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFI TAG	x	(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE
On 10/7/10 at 2:10 Pt she had looked at Par after the visit on 10/6/"It's just a regular mat Patient #10 Patient #10 was admidiagnoses including a knee amputation, dial vascular disease. Fo 9/10/10 through 11/8/nursing services one and two times a week the duties of the nursing satrointestinal system A review of the nursing for Patient #10 reveal 9/13/10-bowel sounds documentation did no sounds were present 9/21/10-the nurse circlimits) as the GI assessibilized in the company of the notes in the comp	M, Employee #6 reported tient #3's mattress closely (10. The employee stated, ttress." Itted on 9/10/10, with after care from a below the betes, and peripheral or the certification period of (10, the physician ordered time a week for one week of for three weeks. One of the was to assess the patient's m (GI). In gnotes for GI assessment ed the following: It were circled, but the strindicate if the bowel or absent. It will be will be well or absent. It will be wi	G	170	DEFICIENCY)		
	SUMMARY ST. (EACH DEFICIENC' REGULATORY OR I Continued From page On 10/7/10 at 2:10 Pl she had looked at Pa after the visit on 10/6/ "It's just a regular mat Patient #10 Patient #10 was admidiagnoses including a knee amputation, dial vascular disease. Fo 9/10/10 through 11/8/ nursing services one and two times a week the duties of the nursing gastrointestinal system A review of the nursing for Patient #10 reveal 9/13/10-bowel sounds documentation did no sounds were present 9/21/10-the nurse circ limits) as the GI asses Neither of the notes in recent bowel moveme Registered Nurse (RN nursing visits as Patie stabilized." On 9/25/10 at 9:45 Pl Patient #10. The RN needed) visit as pt (pa to express bowel move performed. Lg (large)	DENTIFICATION NUMBER: 297036 MIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 On 10/7/10 at 2:10 PM, Employee #6 reported she had looked at Patient #3's mattress closely after the visit on 10/6/10. The employee stated, "It's just a regular mattress." Patient #10 Patient #10 Patient #10 was admitted on 9/10/10, with diagnoses including after care from a below the knee amputation, diabetes, and peripheral vascular disease. For the certification period of 9/10/10 through 11/8/10, the physician ordered nursing services one time a week for one week and two times a week for three weeks. One of the duties of the nurse was to asses the patient's gastrointestinal system (GI). A review of the nursing notes for GI assessment for Patient #10 revealed the following: 9/13/10-bowel sounds were circled, but the documentation did not indicate if the bowel sounds were present or absent. 9/21/10-the nurse circled WNL (within normal limits) as the GI assessment. Neither of the notes indicated if the patient had recent bowel movements. On 9/21/10, the Registered Nurse (RN) discontinued further nursing visits as Patient #10's "condition"	DENTIFICATION NUMBER: A BUIL 297036 NUMBER OR SUPPLIER ETTER CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 On 10/7/10 at 2:10 PM, Employee #6 reported she had looked at Patient #3's mattress closely after the visit on 10/6/10. The employee stated, "It's just a regular mattress." Patient #10 Patient #10 was admitted on 9/10/10, with diagnoses including after care from a below the knee amputation, diabetes, and peripheral vascular disease. For the certification period of 9/10/10 through 11/8/10, the physician ordered nursing services one time a week for one week and two times a week for three weeks. One of the duties of the nurse was to asses the patient's gastrointestinal system (GI). A review of the nursing notes for GI assessment for Patient #10 revealed the following: 9/13/10-bowel sounds were circled, but the documentation did not indicate if the bowel sounds were present or absent. 9/21/10-the nurse circled WNL (within normal limits) as the GI assessment. Neither of the notes indicated if the patient had recent bowel movements. On 9/21/10, the Registered Nurse (RN) discontinued further nursing visits as Patient #10's "condition stabilized." On 9/25/10 at 9:45 PM, a RN made a visit to Patient #10. The RN documented, "PRN (as needed) visit as pt (patient) states she is unable to express bowel movement. Rectal exam performed. Lg (large) amt (amount) stool noted,	DENTIFICATION NUMBER: 297036 A BUILDING B. WING 297036 STREE ETTER CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 On 10/7/10 at 2:10 PM, Employee #6 reported she had looked at Patient #3's mattress closely after the visit on 10/6/10. The employee stated, "It's just a regular mattress." Patient #10 Patient #10 Patient #10 was admitted on 9/10/10, with diagnoses including after care from a below the knee amputation, diabetes, and peripheral vascular disease. For the certification period of 9/10/10 through 11/8/10, the physician ordered nursing services one time a week for one week and two times a week for three weeks. One of the duties of the nurse was to asses the patient's gastrointestinal system (GI). A review of the nursing notes for GI assessment for Patient #10 revealed the following: 9/13/10-bowel sounds were circled, but the documentation did not indicate if the bowel sounds were present or absent. 9/21/10-the nurse circled WNL (within normal limits) as the GI assessment. Neither of the notes indicated if the patient had recent bowel movements. On 9/21/10, the Registered Nurse (RN) discontinued further nursing visits as Patient #10's "condition stabilized." On 9/25/10 at 9:45 PM, a RN made a visit to Patient #10. The RN documented, "PRN (as needed) visit as pt (patient) states she is unable to express bowel movement. Rectal exam performed. Lg (large) amt (amount) stool noted,	MIDER OR SUPPLIER ETTER CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 Con 10/7/10 at 2:10 PM, Employee #6 reported she had looked at Patient #3's mattress closely after the visit on 10/6/10. The employee stated, "It's just a regular mattress." Patient #10 Patient #10 was admitted on 9/10/10, with diagnoses including after care from a below the kinee amputation, diabetes, and peripheral vascular disease. For the certification period of 9/10/10 truns at oasses the patient signature was to asses the patient's gastriontestinal system (GI). A review of the nurse was to asses the patient's gastriontestinal system (GI). A review of the nurse of continued for the documentation did not indicate if the bowel sounds were present or absent. 9/21/10-the nurse circled WNL (within normal limits) as the GI assessment. Neither of the notes indicated if the patient had recent bowel movements. On 9/21/10, the Registered Nurse (RN) discontinued further nursing visits as Patient #10's "condition stabilized." On 9/25/10 at 9.45 PM, a RN made a visit to Patient #10. The RN documented, "PRN (as needed) visit as pt (patient) states she is unable to express bowel movement. Rectal exam performed. Lg (large) and (larger) and (l	DISPRECTION DISPRIES 297036 WIDER OR SUPPLIER ETTER CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUIATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 On 10/7/10 at 2:10 PM, Employee #8 reported she had looked at Patient #30 smattress closely after the visit on 10/6/10. The employee stated, "It's just a regular mattress." Patient #10 was admitted on 9/10/10, with diagnoses including after care from a below the knee amputation, diabetes, and peripheral vascular disease. For the certification period of 9/10/10 through 11/8/10, the tweeks. One of the duties of the nurse was to assest he patient's gastrointestinal system (GJ). A review of the nurse master is a week for three weeks. One of the duties of the nurse was to assessment for Patient #10 revealed the following: 9/13/10-bowel sounds were circled, but the documentation did not indicate if the bowel sounds were present or absent. 9/13/10-bowel sounds were circled, but the documentation did not indicate if the patient had recent bowel movements. On 9/21/10, the Registered Nurse (RN) discontinued further nursing visits as Patient #10's "condition stabilized." Norther of the notes indicated if the patient had recent bowel movements. On 9/21/10, the Registered Nurse (RN) discontinued further nursing visits as Patient #10's "condition stabilized." On 9/25/10 at 9.45 PM, a RN made a visit to Patient #10. The RN documented, "PRN (as needed) visit as properties. The representation of the patient had recent bowel movement. Rectal exam performed. Lg (Rgey) and (manunt) stool noted,

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE	LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			B. WING				
		297036				10/0	8/2010
	BETTER CARE			STREET ADDRESS, CIT 6950 VIA OLIVERO LAS VEGAS, NV	STE B4		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH C	VIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOU EFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
G 170	the nurse documenter further instructed the if abdominal pain returnable to have anoth. The next nursing visit practical nurse document emergency room was used on the nursing staff who assess at each visit was regular normal bowel. Patient #15 Patient #15 was admidiagnoses including of disease, diabetes, and certification period of the physician ordered week for two weeks a week. One of the durassess the patient's evisit. A review of the initial evaluation visit, Nurse (RN) did not do result at any of the visit patient #4 Patient #4	of it." Under GI assessment d "Impacted." The RN patient to go to urgent care urned or the patient was er bowel movement. It was on 9/27/10. A licensed mented the patient required visit over the weekend due to dominal pain and explosive of visited Patient #10 failed to whether the patient had movements. In the one of the patient with the chronic ischemic heart and hypertension. For the 19/20/10 through 11/20/10, and one time a week for one ties of the nurse was to endocrine system on each nursing visits made after the revealed the Registered occument a blood sugar (BS) sits.	G 1	70			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		297036	B. WING		10/0	8/2010
	OVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE 1950 VIA OLIVERO STE B4 LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
G 170	Continued From page	e 16	G 170			
	9/24/10 and 9/26/10.	N) visited the patient on There was no documented nt's record of a physician				
	Patient #5					
	beginning 8/26/10, the services one time a w times a week for one one week and one tin	nuscle weakness and 60 day certification period e physician ordered nursing veek for one week, three week, two times a week for ne a week for one week.				
		5's record revealed a RN 9/22/10 without a physician's				
G 172		M, Employee #9 reviewed nd stated, "There is no order F THE REGISTERED	G 172			11/18/10
	NURSE The registered nurse patients nursing need	regularly re-evaluates the ls.				
	Based on interview at Registered Nurse (RN	N) failed to re-assess the ds for 1 of 15 sampled				
	Findings include:					

REGULATORY OR LSC IDENTIFYING INFORMATION) G 172 Continued From page 17 Patient #10 Patient #10 was admitted on 9/10/10, with diagnoses including after care from a below the knee amputation, diabetes, peripheral vascular disease and left heel pressure ulcer. For the certification period of 9/10/10 through 11/8/10, the physician ordered nursing services one time a week for one week and two times a week for three weeks. Orders included the licensed nurse to assess the surgical incision from the amputation and provide and teach wound care to the left heel pressure ulcer had minimal serous drainage, the wound bed was dry and intact. There was no description of the right stump incision. On the visit, the RN discharged the patient from nursing services as Patient #10's "condition stabilized." On 9/24/10, a Licensed Practical Nurse (LPN) documented Patient #10 called the agency because the stump incision had opened and was draining a yellow drainage. The patient tool the LPN the left heel pressure ulcer had re-opened. On 9/24/10, the LPN made a visit to Patient #10, who had been previously discharged from nursing services. The RN fid not perform the initial	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER ALWAYS BETTER CARE SUMMARY STATEMENT OF DEFICIENCIES (CA) ID PRETIX (CA) DEFICIENCY MUST BE PRECEDED BY PULL PREDIX TAG (CA) DEFICIENCY MUST BE PRECEDED BY PULL PREDIX TAG (CA) DEFICIENCY MUST BE PRECEDED BY PULL PREDIX TO OR LSC IDENTIFYING INFORMATION) G 172 Continued From page 17 Patient #10 Patient #10 was admitted on 9/10/10, with diagnoses including after care from a below the knee amputation, diabetes, peripheral vascular disease and left heel pressure ulcer. For the certification period of 9/10/10 through 11/8/10, the physician ordered nursing services one time a week for one week and two times a week for three weeks. Orders included the licensed nurse to assess the surgical incision from the amputation and provide and teach wound care to the left heel pressure ulcer. 1. On 9/21/10, the RN documented the left heel pressure ulcer had minimal serous drainage, the wound bed was dry and intact. There was no description of the right stump incision. On the visit, the RN discharged the patient from nursing services as Patient #10's "condition stabilized." On 9/24/10, a Licensed Practical Nurse (LPN) documented Patient #10 called the agency because the stump incision had opened and was draining a yellow drainage. The patient told the LPN the left heel pressure ulcer had re-opened. On 9/24/10, the LPN made a visit to Patient #10, who had been previously discharged from nursing services. The RN did not perform the initial			297036	B. WIN	G	 	10/0	8/2010
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) G 172 Continued From page 17 Patient #10 Patient #10 was admitted on 9/10/10, with diagnoses including after care from a below the knee amputation, diabetes, peripheral vascular disease and left heel pressure ulcer. For the certification period of 9/10/10 through 11/8/10, the physician ordered nursing services one time a week for one week and two times a week for three weeks. Orders included the licensed nurse to assess the surgical incision from the amputation and provide and teach wound care to the left heel pressure ulcer. 1. On 9/21/10, the RN documented the left heel pressure ulcer. 1. On 9/21/10, the RN documented the left heel pressure ulcer. On 9/24/10, a Licensed Practical Nurse (LPN) documented Patient #10 called the agency because the stump incision had opened and was draining a yellow drainage. The patient told the LPN the left heel pressure ulcer had re-opened. On 9/24/10, the LPN made a visit to Patient #10, who had been previously discharged from nursing services. The RN did not perform the initial				.	6	950 VIA OLIVERO STE B4	10/0	<u></u>
Patient #10 Patient #10 was admitted on 9/10/10, with diagnoses including after care from a below the knee amputation, diabetes, peripheral vascular disease and left heel pressure ulcer. For the certification period of 9/10/10 through 11/8/10, the physician ordered nursing services one time a week for one week and two times a week for three weeks. Orders included the licensed nurse to assess the surgical incision from the amputation and provide and teach wound care to the left heel pressure ulcer. 1. On 9/21/10, the RN documented the left heel pressure ulcer had minimal serous drainage, the wound bed was dry and intact. There was no description of the right stump incision. On the visit, the RN discharged the patient from nursing services as Patient #10's "condition stabilized." On 9/24/10, a Licensed Practical Nurse (LPN) documented Patient #10 called the agency because the stump incision had opened and was draining a yellow drainage. The patient told the LPN the left heel pressure ulcer had re-opened. On 9/24/10, the LPN made a visit to Patient #10, who had been previously discharged from nursing services. The RN did not perform the initial	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETION
re-visit to assess the patient's condition and initiate a new nursing plan of care. On 10/7/10 in the afternoon, Employee #9 indicated a RN should make the initial re-visit if a patient was discontinued from nursing services	G 172	Patient #10 Patient #10 was admidiagnoses including a knee amputation, dia disease and left heel certification period of physician ordered nu week for one week a three weeks. Orders to assess the surgica amputation and provide left heel pressure 1. On 9/21/10, the RI pressure ulcer had middle was dry a description of the right visit, the RN discharg services as Patient # On 9/24/10, a Licens documented Patient because the stump in draining a yellow dra LPN the left heel pressure. On 9/24/10, the LPN who had been previous services. The RN did re-visit to assess the initiate a new nursing. On 10/7/10 in the after indicated a RN should	aitted on 9/10/10, with after care from a below the betes, peripheral vascular pressure ulcer. For the 9/10/10 through 11/8/10, the rsing services one time a and two times a week for included the licensed nurse all incision from the ide and teach wound care to e ulcer. N documented the left heel ainimal serous drainage, the and intact. There was no at stump incision. On the ged the patient from nursing 10's "condition stabilized." ed Practical Nurse (LPN) #10 called the agency acision had opened and was inage. The patient told the assure ulcer had re-opened. made a visit to Patient #10, usly discharged from nursing d not perform the initial patient's condition and u plan of care. ernoon, Employee #9 d make the initial re-visit if a	G	172	,		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		297036	B. WING	§		10/0	8/2010
	OVIDER OR SUPPLIER			695	ET ADDRESS, CITY, STATE, ZIP CODE 60 VIA OLIVERO STE B4 S VEGAS, NV 89117		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
G 172	11/8/10, the physician one time a week for of week for three weeks nurse was to assest the system (GI). A review of the nursing for Patient #10 reveals 9/13/10-bowel sounds documentation did not sounds were present 9/21/10-the nurse circlimits) as the GI assess. Neither of the notes in recent bowel movemer Registered Nurse (RN nursing visits as Patient #10. The RN needed) visit as pt (patient #10. The	period of 9/10/10 through or ordered nursing services are week and two times a come of the duties of the patient's gastrointestinal and gnotes for GI assessment ed the following: Is were circled, but the trindicate if the bowel or absent. It indicate if the patient had ents. On 9/21/10, the ent #10's "condition If a RN made a visit to documented, "PRN (as atient) states she is unable wement. Rectal exam amt (amount) stool noted, m amt (small amount) stool. Of it." Under GI assessment do "Impacted." The RN patient to go to urgent care rined or the patient was er bowel movement. In the patient was er bowel movement.	G	172			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		297036	B. WIN	G		10/0	8/2010
	OVIDER OR SUPPLIER			6950	T ADDRESS, CITY, STATE, ZIP CODE VIA OLIVERO STE B4 S VEGAS, NV 89117		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
G 172	practical nurse document an emergency room v		G	172			
G 176	diarrhea." 484.30(a) DUTIES OI NURSE	THE REGISTERED	G	176			11/18/10
	· ·	linates services, informs the ersonnel of changes in the					
	Based on record revie failed to ensure the pl	not met as evidenced by: ew and interview, the agency nysician was made aware of ds of 1 of 15 sampled).					
	Findings include:						
	Patient #14						
	airway obstruction, di muscle weakness. Up physician ordered skil	ses that included chronic abetes, hypertension, and on admission, Patient #14's alled nursing visits to be seek for two weeks and					
		Start of Care OASIS was se on 08/30/10. The next the nurse was a					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		297036	B. WING _		10/0	8/2010
	ROVIDER OR SUPPLIER BETTER CARE			REET ADDRESS, CITY, STATE, ZIP CODE 6950 VIA OLIVERO STE B4 LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
G 178	(patient) on 08/30/10 09/23/10 because the ankle and HHA (Hom unable to get in contaperiod due to multiple calls". The docume The order was not sig there was no indicatic seen by the physician could be found. On 10/08/10 at 1:50 F was unable to find an Patient #14's clinical indicated the admission Missed Visit reports a possession. The Miss the chart and the phy that Patient #14 had in 484.30(a) DUTIES Of NURSE The registered nurse programs, and supernursing personnel. This STANDARD is in Based on interview, in the agency failed to e (RN) supervised the (CNA) for 2 of 3 patie (Patients #4 and #2). Findings include:	N (skilled nurse) admitted Pt and was not seen again until e Pt fx (fractured) (right) e Health Agency) was act (with) Pt during time e MD visits and no returned ent was signed by the nurse. Indeed by the physician, and on the document had been a. No "Missed Visit" reports PM, Employee #9 stated she by Missed Visit reports in record. Employee #9 also on nurse had completed the end still had them in her seed Visit reports were not in sician had not been notified not been seen as ordered.	G 178			11/18/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER: A. BUILD			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		297036	B. WIN	G		10/0	8/2010
	ROVIDER OR SUPPLIER BETTER CARE		,	695	ET ADDRESS, CITY, STATE, ZIP CODE 0 VIA OLIVERO STE B4 S VEGAS, NV 89117		-
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE	(X5) COMPLETION DATE
G 178	effective date of 04/0s services are provided skilled nursing, physic speech therapy service patient's home must be than every two weeks properly caring for the receiving skilled nursinurse must perform the Each supervisory aid a Supervisory Review or in the designated at Patient #4 Patient #4 Patient #4 was admitted diagnoses including Frank and diabetes. For the 9/13/10 through 11/11 the services of the CN eight weeks to assist housekeeping. Patient #4's record lathe RN performed on CNA. On 10/7/10 in the mowas the agency's polisupervisory visits of the Patient #2 Patient #2 Patient #2 was admitted agnoses that included hypertension, rheumal amputation.	2/97, read, "1. If aide to a patient who is receiving cal, occupational, and/or ces, an on-site visit to the de made no less frequently is to ensure the aide is de patient3. If the patient is ang services, the registered the supervisory aide visit4. de visit must be completed on an of Aide Performance form there are of the skilled note." The ded on 3/17/10, with Foley catheter maintenance de certification period of 1/10, the physician ordered NA three times a week for with personal care and light cked documented evidence desite supervisory visits of the rning, Employee #5 related it cy to provide on-site the CNA every 14 days. The day of the site of the sit	G	178			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		297036	B. WING		10/	08/2010
	OVIDER OR SUPPLIER		695	ET ADDRESS, CITY, STATE, ZIP CODE 0 VIA OLIVERO STE B4 S VEGAS, NV 89117		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
G 178	On 09/18/10, Patient Home Health Aide vis Patient #2's nurse's r supervisory visits by documented. On 10/06/10, Employ locate supervisory no	#2's physician ordered two sits per week for five weeks.	G 178			
G 229	described in paragra	(or another professional oh (d)(1) of this section) e visit to the patient's home	G 229			11/18/10
	Based on interview, rethe agency failed to extend (RN) supervised the extend (CNA) for 2 of 3 paties (Patients #4 and #2). Findings include: The agency's policy to Supervisory Visit Policeffective date of 04/0 services are provided skilled nursing, physis speech therapy services than every two weeks.	not met as evidenced by: ecord and document review, ensure the Registered Nurse Certified Nursing Assistants ents receiving CNA services itled "Clinical Care-Aide toy No.: 200.12A" with an 9/97, read, "1. If aide It to a patient who is receiving cal, occupational, and/or ces, an on-site visit to the be made no less frequently is to ensure the aide is e patient3. If the patient is				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		297036	B. WIN	G		10/08/2010	
	ROVIDER OR SUPPLIER BETTER CARE			69	EET ADDRESS, CITY, STATE, ZIP CODE 150 VIA OLIVERO STE B4 AS VEGAS, NV 89117		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
G 229	receiving skilled nursi nurse must perform the Each supervisory aide a Supervisory Review or in the designated at Patient #4 Patient #4 Patient #4 was admitt diagnoses including Fand diabetes. For the 9/13/10 through 11/12 the services of the CN eight weeks to assist housekeeping. Patient #4's record latthe RN performed on CNA. A home visit was madwith Employee #8. Where with the modern was unable to find a high patient's home for a constent was unable to find a high patient's home for a constent. Patient #4 star folder for a while." On 10/7/10 in the modern was the agency's polisupervisory visits of the Patient #2 Patient #2 Patient #2 was admitted in the modern was the agency's polisupervisory visits of the Patient #2 Patient #2 was admitted in the modern was the agency's polisupervisory visits of the Patient #2 Patient #2 was admitted in the modern was the agency's polisupervisory visits of the Patient #2 Patient #2 was admitted in the modern was the agency's polisupervisory visits of the Patient #2 Patient #2 was admitted in the patient #2 was admitted in the patient #2 Patient #2 was admitted in the patient #2 was admitted in the patient #2 was admitted in the patient #2 Patient #2 was admitted in the patient #2 was admitted in the patient #2	ing services, the registered he supervisory aide visit4. The visit must be completed on a for Aide Performance formulated of the skilled note." The ded on 3/17/10, with foley catheter maintenance to certification period of 1/10, the physician ordered to the physician ordered to the physician ordered to the physician ordered with personal care and light to the state supervisory visits of the complete the physician ordered to the special physician ordered to the physician ordered to the special physician ordered to the physician ordered to the special physic	G	229			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X:	(X3) DATE SURVEY COMPLETED	
		297036	B. WING			10/08/2010	
	ROVIDER OR SUPPLIER BETTER CARE			STREET ADDRESS, CITY, S' 6950 VIA OLIVERO STE LAS VEGAS, NV 891	≣ B4		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORE	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD B RENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
G 229	Home Health Aide vis On 09/18/10, Patient Home Health Aide vis Patient #2's nurse's n supervisory visits by t documented. On 10/06/10, Employ stated she could not I Patient #2's clinical re 484.48 CLINICAL RE A clinical record conta current findings in acc professional standard patient receiving hom addition to the plan of appropriate identifying physician; drug, dieta orders; signed and da notes; copies of sum attending physician; a This STANDARD is a Based on record revie failed to ensure clinic in accordance with acc	#2's physician ordered two sits per week for five weeks. #2's physician ordered two sits per week for five weeks. otes revealed no he Registered Nurse were ee #9 was interviewed and ocate supervisory notes in ecord. CORDS anining pertinent past and cordance with accepted is is maintained for every e health services. In a feare, the record contains go information; name of the record in ecord in ecord in each period in ecord in	G 2				11/18/10

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		297036	B. WING		10	/08/2010	
	ROVIDER OR SUPPLIER BETTER CARE		,	STREET ADDRESS, CITY, STATE, ZIP CODE 6950 VIA OLIVERO STE B4 LAS VEGAS, NV 89117			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
G 236	The agency's policy to Note Check-In Policy effective date of 04/1 patient documentation turned in at the local basisPurpose:2. guidelines regarding and physician orders timely mannerProchave been checked in balanced each week orders and authorizar After notes have been appropriate patient Patient #1 Patient #1 was admit 09/30/10, with diagnoral diabetes, and multiple Note dated 10/05/10, concerns or question required for (treatment (Peripherally Inserted patency". On 10/06/10, Patient (Employee #6) who was unable to obtain a blow line and Employee #6 obtain the blood sam On 10/06/10 at 4:30 livisited Patient #1 that sample because Employee #9 was showhich documented the same of the	itled, "Office Policy-Time and No. 900.52" with an 1/06, read, "All handwritten in and time sheets shall be agency on a weekly To meet State and Federal the need to have visit notes in the patient record in a redure:5. After all notes in, the 60 sheets are to be to ensure that physician tion has been followed. 6. In checked in, they are filed it chart." It ted to the agency on sees that included cellulitis, are sclerosis. A Skilled Nursing documented there were no seat that time, and "follow up int) of wound (and) PICC if Central Catheter) line #1 stated the nurse risited on 10/05/10, was not sample through his PICC if would come to his home to ple. PM, Employee #9 stated sheet day to obtain the blood ployee #6 was unable. They would be the skilled Nursing Note in the 10/05/10 visit. Employee we #6 had not documented	G 2	36			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		297036	B. WING	€		10/08/2010	
	OVIDER OR SUPPLIER			69	EET ADDRESS, CITY, STATE, ZIP CODE 950 VIA OLIVERO STE B4 AS VEGAS, NV 89117	, , , , , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
G 236	Continued From page	2 26	G 2	236			
	Patient #8						
	the branch office to the There were no nursing	ses that included toe hypertension, and ical record was sent from he parent office for review. g visit notes in the record. ere faxed from the branch					
	including chronic kidn pressure ulcer to the lin the record indicated ambulate and require wheelchair. For the c through 11/6/10, the p	ted 9/8/10, with diagnoses bey disease, diabetes, and lower back. Documentation did the patient was unable to diassistance to transfer to a certification period of 9/8/10 obysician ordered skilled time a week for one week at for eight weeks.					
	record was dated 9/22 missing three nursing	ing note filed in the patient's 2/10. The record was visit notes which made it patient's condition and					
	Patient #4						
		Patient #4 was 3/17/10. Foley catheter maintenance					
		ontained a plan of care for d of 3/17/10-5/15/10. The					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		297036	B. WING	∃		10/0	8/2010
	ROVIDER OR SUPPLIER		·	69	EET ADDRESS, CITY, STATE, ZIP CODE 50 VIA OLIVERO STE B4 AS VEGAS, NV 89117		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTIO		LD BE	(X5) COMPLETION DATE
G 236	A/24/10. Patient #4's record of the certification period The physician failed to 8/19/10. Patient #6 The start of care for FDiagnoses included us and diabetes. Patient #6's record of the certification period physician failed to sig 10/6/10. Patient #10 Patient #10 Patient #10 was adm diagnoses including a knee amputation, dial vascular disease. Fo 9/10/10 through 11/8/nursing services one and two times a week Patient #10's record to office to the parent of There were no nursin Seven nursing notes 9/29/10, were faxed for the parent of t	ontained a plan of care for d of 7/15/10 through 9/12/10. The plan of care until or sign the plan of care for d of 7/23/10-9/20/10. The in the plan of care until or the plan of care until or the care from a below the betes, and peripheral or the certification period of 1/10, the physician ordered time a week for one week	G:	236			
G 332	parent office. 484.55(a)(1) INITIAL	ASSESSMENT VISIT	G:	332			11/18/10
		nt visit must be held either erral, or within 48 hours of					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		297036	B. WING	·	10/	08/2010	
	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 6950 VIA OLIVERO STE B4 LAS VEGAS, NV 89117	P CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE TO THE APPROPRIATE DIENCY)	(X5) COMPLETION DATE	
G 332	Based on interview, review, the agency fa Nurse (RN) held an ir 48 hours of the patier 1 of 15 sampled patier. The agency 's policy Start of Care Assess with a revised date of PT (Physical Therapis designee will attempt same day of referral to visit date and time. To initial assessment with Patient #15 Patient #15 Patient #15 Patient #15 was reference of the sylvalus of the referral to assessment visit on 10/8/10 at 1:05 PI Patient #15's record areason documented assessment visit was hours of the referral. The sylvalus of the referral to ask the nurse."	ome, or on the art of care date. not met as evidenced by: ecord review and document illed to ensure a Registered nitial assessment visit within at's referral to the agency for ints (Patient #15). titled "Clinical Care-Patient ment Policy No.: 200.30" 01/10/08, read, "An RN/st/ST (Speech Therapist) or to contact every patient the o arrange for assessment he RN/PT/ST is to make hin 24-48 hours of referral." ared to the agency on ition in the patient's record the initial assessment visit after the referral. There was the record, Patient #15 had date. M, Employee #9 reviewed and indicated there was no	G 3	332			

_ ` · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		297036	B. WIN	G		10/0	8/2010
	OVIDER OR SUPPLIER			6	REET ADDRESS, CITY, STATE, ZIP CODE 950 VIA OLIVERO STE B4 .AS VEGAS, NV 89117		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
G 332 G 337	did not have to be ope Employee #9 acknow patient could request assessment visit. 484.55(c) DRUG REC	ey's intake person the case en over the weekend. ledged only the physician or a delay of the initial		332 337			11/18/10
	review of all medication using in order to idented effects and drug reactions, dup noncompliance with of this STANDARD is represented to review, the agency diregimen review was confided to review of medication records compared to review of agency revealed discompared to review of ag	ons the patient is currently iffy any potential adverse tions, including ineffective ant side effects, significant dicate drug therapy, and trug therapy. In the tas evidenced by: In, interview and record do not ensure that a drug correctly conducted. A review (MR) kept in the home and for clinical records at the repancies for 5 of 15 tients #1, #2, #12, #3, and the date of 08/30/01, read, SN) shall completely review ial evaluation visit and on 3. Medication Record in the properties of the pro					
	Patient #1						

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED		
		297036	B. WING		10/	08/2010	
	ROVIDER OR SUPPLIER BETTER CARE		s	STREET ADDRESS, CITY, STATE, ZIP CODE 6950 VIA OLIVERO STE B4 LAS VEGAS, NV 89117	•		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
G 337	diabetes, and multiple On 10/05/10, a home #1. Patient #1 was in medications. Patient medications he store not appear on his Me medications included. Copaxone. Patient # 20-35 units of Novold Levemir, and "20 mi No documentation of intended dosages corecord. Patient #2 Patient #2 was admit diagnoses that includ hypertension, rheum amputation. On 10/05/10, Patient reviewed and a home #2. Patient #2 was in medications. Patient medications she stat were not on her Med medications included to be taken by mouth 50 milligrams to be ta On 10/06/10 at 10:10	ted to the agency on ses that included cellulitis, e sclerosis. e visit was made to Patient terviewed regarding his #1 displayed several ed in the refrigerator that did edication Record. These I Novolog, Levemir, and 1 stated he took between og, "about 50 units" of lligrams a day of Copaxone." If these medications or their uld be located in the clinical edication arthritis and below knee wisit was made to Patient terviewed about her current #2 displayed two ed she took regularly but ication Record. These two I Pantoprazole 40 milligrams a once per day, and Sertraline aken by mouth once per day. O AM, Employee #10 stated ble to locate documentation	G 33	37			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		297036	B. WIN	G		10/08/2010	
	ROVIDER OR SUPPLIER BETTER CARE		•	6	REET ADDRESS, CITY, STATE, ZIP CODE 1950 VIA OLIVERO STE B4 LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION S		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
G 337	o9/23/10 with diagnos and hypertension. On 10/07/10, a home #12. During the visit, were compared to he Medication Record in Bumetanide 0.5 millig The prescription on the indicated each pill con #12's spouse was into the prepared the medi #12 a Bumetanide 1 in Patient #3 Patient #3 Patient #3 was admittincluding chronic kidnoressure ulcer to the certification period of physician ordered number week for one week are eight weeks. On 10/6/10, during a medicine bottles were the patient's record in patient had the follow which were not on the The patient's spouse using all the medication.	visit was made to Patient Patient #12's medications r Medication Record. The dicated Patient #12 received grams by mouth each day. ne front of Bumetanide ntained 1 milligram. Patient erviewed. The spouse stated dications and gave Patient milligram pill each day. ted 9/8/10, with diagnoses ney disease, diabetes, and lower back. For the 9/8/10 through 11/6/10, the rsing services one time a nd two times a week for home visit, Patient #3's e matched with the MR from a the agency office. The ring medications in the home e Medication Record (MR). verified the patient was ons as listed: every day; ng) one tablet twice a day; ne tablet twice a day; ne tablet twice a day;	G	337			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
		297036	B. WING		10/0	8/2010	
	ROVIDER OR SUPPLIER BETTER CARE		s	STREET ADDRESS, CITY, STATE, ZIP CODE 6950 VIA OLIVERO STE B4 LAS VEGAS, NV 89117			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
G 337	blood sugar results200-250 2 units201-300 4 units301-350 6 units351-400 8 unitsover 400 give 10 un Patient #7 Patient #7 was admitt 9/22/10, with diagnos total hip replacement initial assessment vis Physical Therapist (P order skilled nursing s The PT documented was currently using o discrepancies were n had written on the MF the plan of care (POC signature: "Seroquol" 100 milligr was written on the MF documented on the M "Seroquel 100 mg Ta "Tylonol" 4 every six I written on the MR. TI documented on the M "Tylenol-Codeine #4 3 orally as needed" and "Tigan 300 mg as nee MR. There was no tir POC read, "Tigan 300	blet every day; and, in R insulin according to a R insulin according to	G 33	37			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		297036	B. WING		10/	08/2010	
	OVIDER OR SUPPLIER		69	EET ADDRESS, CITY, STATE, ZIP COI 50 VIA OLIVERO STE B4 AS VEGAS, NV 89117	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
G 337	the case was a theral how the POC had me dosages, and frequer Employee #9 stated, regards to medication responsibilities in the requested. The policiend of the survey. 484.55(d)(3) UPDATE COMPREHENSIVE AT The comprehensive a updated and revised of the OASIS) at disc. This STANDARD is a Based on interview at failed to ensure a disc. Assessment Informat comprehensive asses within 2 days of disch discharged patients (Information to the patient #5 Patient #5 Patient #5 was admitted to the patien	for reviewing the MR when by only case. When asked edication spellings corrected, not not written on the MR, "I don't know." A policy in a regimen review rapy only cases was y was not provided by the E OF THE ASSESSMENT assessment must be (including the administration tharge. Internal the administration tharge of the coord review, the agency charge Outcome ion Set (OASIS) assment was completed large for 1 of 4 sampled Patient #5).	G 341			11/18/10	
	307 VIOC3 OII 3/22/ 10.						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		297036	B. WIN	G		10/0	8/2010
	OVIDER OR SUPPLIER BETTER CARE			6950	ADDRESS, CITY, STATE, ZIP CODE VIA OLIVERO STE B4 VEGAS, NV 89117		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	1	ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION: TAG CROSS-REFERENCED TO THE A DEFICIENCY)		JLD BE	(X5) COMPLETION DATE
G 341	Patient #5's record th assessment was com On 10/8/10 at 4:20 PI Patient #5's record ar discharge OASIS."	vas no documentation in e OASIS discharge pleted. M, Employee #9 reviewed		341			12/10/10
	own assessment and items, demographics arrangements, suppostatus, integumentary elimination status, ne status, activities of da equipment managem data items collected a or discharge only. This STANDARD is a Based on interview at failed to incorporate to Assessment Informat agency's own assess patients opened to agree of the agency for the agency of the agency has bottom of each page agency has added so	corporated into the HHA's must include: clinical record and patient history, living rive assistance, sensory status, respiratory status, uro/emotional/behavioral ily living, medications, ent, emergent care, and at inpatient facility admission not met as evidenced by: not record review, the agency ne Outcome and ion Set data items into the ment for all Medicare lency services.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		297036	B. WIN	G		10/0	8/2010
	ROVIDER OR SUPPLIER			698	ET ADDRESS, CITY, STATE, ZIP CODE 50 VIA OLIVERO STE B4 LS VEGAS, NV 89117	10/0	<u></u>
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
G 342	Sensory Status Cardiovascular Endocrine Assessme Integumentary Status Respiratory Status Elimination Status Neuro/Emotional/Beh ADL/IADLs Musculoskeletal Asse	nt s avioral Status	G	342			
	An unaltered Start of OASIS-C form OMBilength. The altered for 16 pages long including assessment areas an note page. On 10/7/10 in the after indicated the agency	Care/Resumption of Care #0938-6760 was 16 pages in form used by the agency was ng the agency's added ad the skilled nursing/therapy ernoon, Employee #10 s corporation bought new I allow the corporation more					